

10/14/2011 14:28 8655945739

HEALTH CARE FACILITY

 45th Day
 11/18/11
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 PRINTED: 10/14/2011
 FORM APPROVED
 OMB NO. 0938-0391

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/04/2011
NAME OF PROVIDER OR SUPPLIER SOUTHERN TENN MEDICAL CENTER SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to meet the needs of residents by failing to administer medications appropriately and failing to provide a resident with food for one (#5) of seven residents reviewed. The findings included: Resident #5 was admitted to the facility on July 21, 2011, with diagnoses including Stent Insertion, Diabetes Mellitus, Osteoarthritis, Atherosclerotic Cardiovascular Disease, Hypothyroidism, Peripheral Vascular Disease, Deep Vein Thrombosis, and Cerebrovascular Accident. Medical record review of physician's orders dated July 21, 2011, revealed the resident was ordered the following: -Midodrine (antihypotensive) 10 mg (milligrams) twice daily -Aspirin 81 mg daily -Zoloft (antidepressant) 150 mg daily -Calcium Carbonate 500 mg twice daily	F 246	1a) It is the policy of Southern Tennessee Skilled Facility to administer medications as prescribed by the physician. 1b) It is the policy of Southern Tennessee Skilled Facility to provide a balanced, nutritious meal as ordered by the physician based on the resident's dietary needs. 1. Corrective actions accomplished for the resident found to have been affected by the deficient practice: Resident was discharged on 7/23/11. 2. Identification of other residents having the potential to be affected by the same deficient practice: 1a: By 9/05/11, the Director of Pharmacy reviewed the medical records of all other residents in the facility to ensure medications were available as ordered. 1b: No other in-house residents were identified as not having their dietary needs met. 3. Systemic and Process Changes Implemented to Prevent Recurrence: 1a: During inservices completed by 8/29/11, CNO/DON re-educated Skilled Facility RN's, LPN's and Charge Nurses on Medication Administration Policy 1-600-3.39 which includes step-by-step procedures for initiating medication orders, medication administration times as well as what to do/document if medication is administered late; Chain of Command policy 2-911-3.02 in regard to notification of DON, House Supervisor or Administration for assistance if nurse is	9/24/11 10/5/11 per Carol Wilburn, Admin. 10/21/11 CWS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 246	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Torsemide (diuretic) 100 mg daily -Granulex spray every 8 hours -Levemir Insulin 30 units twice daily -Humalog/Novolog Insulin 1 unit per 3 grams carbohydrate intake three times daily -Neurontin (anticonvulsant) 200 mg every evening -Vitamin D 800 international units twice daily -Keflex (antibiotics) 500 mg three times daily -Pepcid (anti-reflux) 20 mg daily -Metoprolol (antihypertensive) 25 mg twice daily -Silvadene ointment 1 application twice daily -Calmoseptine ointment 1 application every 8 hours -Coumadin 5 mg daily -Check INR every 48 hours until stable. <p>Continued medical record review of physician's admission orders revealed the resident was ordered sliding scale insulin: blood sugar 171 - 199 2 units; 200 - 229 4 units; 230 - 259 6 units; 260 - 289 8 units; 290 - 319 10 units; 320 - 349 12 units; 350 - 379 14 units; 380 - 409 16 units; >410 18 units and call physician.</p> <p>Medical record review of Medication Administration Records (MAR) dated July 21, 2011, revealed an entry at 8:48 p.m., of Levemir 30 units administered in the left thigh. Continued medical record review of the MAR revealed no documentation of any other medications being administered on July 21, 2011. Further medical record review of the MAR dated July 22, 2011, revealed documentation of Keflex administered at 1:21 a.m., 9:00 a.m., 12:59 p.m., and 10:09 p.m., when the order was for Keflex 500 mg three times daily. Continued medical record review of the MAR dated July 22, 2011, revealed</p>	F 246	<p>unable to obtain medications timely; the Twenty-four Hour Chart Check process was also reviewed. RN's, LPN's and DON satisfactorily completed an exam to demonstrate understanding of these policies. All Remote Order Entry Pharmacists were educated by the CNO on the Anticoagulant Management Program policy 1-600-3.92 by 9/24/11.</p> <p>1b: By 8/29/11, CNO/DON re-educated Skilled Facility RN's, LPN's, Charge Nurses and CNAs that even though snacks such as cheese, crackers, soup, cereal, etc. are always available for residents on the unit, if residents request other food items staff may obtain "after-hours" meal trays through contacting the House Supervisor.</p> <p>4. Ongoing Monitoring Charge nurse or designee is responsible for checking resident records after admission to reconcile MARs and orders. Any discrepancies will be reported daily to the DON. Quality Assurance committee (Medical Director, Nursing Home Administrator, DON, Social Worker and Charge Nurse/designee) will review 24 hour chart audits and admission audits for any patterns or trends of deficient practices on a monthly basis for three months and for three quarters. QA committee will also review all resident concerns for three months to ensure no failure to provide for resident dietary needs occurs.</p>		

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F 246	Continued From page 2 documentation at 5:46 a.m., of 4 units of Humalog/Novalog Insulin administered in the left upper arm for a blood glucose of 159. Medical record review of physician's orders revealed the resident was not to receive sliding scale insulin unless the blood glucose was 171. Continued medical record review of the MAR revealed there was no entry for Coumadin 5 mg every evening for July 21, 22, or 23, 2011. Medical record review revealed the resident arrived at the facility at 6:00 p.m. but there is no documentation of intake for the resident. Interview with the Chief Nursing Officer on October 4, 2011, at 10:30 a.m., in the MDS office, revealed "There was food available. All the nurse needed to do was call the supervisor and a meal would have been brought to the resident." Interview with the Chief Nursing Officer on October 4, 2011, at 2:30 p.m., in the conference room, confirmed the patient's medications were not administered on the evening of admission to the facility and the nurse failed to follow the facility protocol to notify pharmacy to obtain the needed medications. C/O #28682	F 246			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by:	F 281	1. Corrective actions accomplished for the resident found to have been affected by the deficient practice: Resident was discharged on 7/23/11.	9/24/11 10/5/11 per Carol Williams, Adm. 10/21/11 CWS	

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F 281	<p>Continued From page 3</p> <p>Based on medical record review, policy review, and interview, the facility failed to meet professional standards by failing to administer medications correctly and failing to provide nourishment for one (#5) of seven residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed resident #5 was admitted to the facility on July 21, 2011, with diagnoses to include Stent Insertion, Diabetes Mellitus, Osteoarthritis, Atherosclerotic Cardiovascular Disease, Hypothyroidism, Peripheral Vascular Disease, Deep Vein Thrombosis, and Cerebrovascular Accident.</p> <p>Review of physician's orders dated July 21, 2011, revealed the resident was ordered:</p> <ul style="list-style-type: none"> -Midodrine (antihypertensive) 10 mg (milligrams) twice daily -Aspirin 81 mg daily -Zoloft (antidepressant) 150 mg daily -Calcium Carbonate 500 mg twice daily -Torsemide (diuretic) 100 mg daily -Granulex spray every 8 hours -Levemir Insulin 30 units twice daily -Humalog/Novolog Insulin 1 unit per 3 grams carbohydrate intake three times daily -Neurontin (anticonvulsant) 200 mg every evening -Vitamin D 800 international units twice daily -Keflex (antibiotics) 500 mg three times daily -Pepcid (anti-reflux) 20 mg daily -Metoprolol (antihypertensive) 25 mg twice daily -Silvadene ointment 1 application twice daily -Calmoseptine ointment 1 application every 8 hours -Coumadin 5 mg daily 	F 281	<p>2. Identification of other residents having the potential to be affected by the same deficient practice:</p> <p>1a: By 9/05/11, the Director of Pharmacy reviewed the medical records of all other residents in the facility to ensure medications were available as ordered.</p> <p>1b: No other in-house residents were identified as not having their dietary needs met.</p> <p>3. Systemic and Process Changes Implemented to Prevent Recurrence:</p> <p>1a: During inservices completed by 8/29/11, CNO/DON re-educated Skilled Facility RN's, LPN's and Charge Nurses on Medication Administration Policy 1-600-3.39 which includes step-by-step procedures for initiating medication orders, medication administration times as well as what to do/document if medication is administered late; Chain of Command policy 2-911-3.02 in regard to notification of DON, House Supervisor or Administration for assistance if nurse is unable to obtain medications timely; the Twenty-four Hour Chart Check process was also reviewed. RN's, LPN's and DON satisfactorily completed an exam to demonstrate understanding of these policies. All Remote Order Entry Pharmacists were educated by the CNO on the Anticoagulant Management Program policy 1-600-3.92 by 9/24/11.</p>		

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F 281	<p>Continued From page 4</p> <p>-Check INR every 48 hours until stable.</p> <p>Continued review of physician's admission orders revealed the resident was ordered sliding scale insulin:</p> <table border="0"> <tr><td>blood sugar 171 - 199</td><td>2 units</td></tr> <tr><td>200 - 229</td><td>4 units</td></tr> <tr><td>230 - 259</td><td>6 units</td></tr> <tr><td>260 - 289</td><td>8 units</td></tr> <tr><td>290 - 319</td><td>10 units</td></tr> <tr><td>320 - 349</td><td>12 units</td></tr> <tr><td>350 - 379</td><td>14 units</td></tr> <tr><td>380 - 409</td><td>16 units</td></tr> <tr><td>>410</td><td>18 units and call physician</td></tr> </table> <p>Review of Medication Administration Records (MAR) dated July 21, 2011, revealed an entry at 20:48 p.m. of Levemir 30 units administered in the left thigh. Continued review of the MAR revealed no documentation of any other medications being administered on July 21, 2011. Further review of the MAR dated July 22, 2011, revealed documentation of Keflex administered at 1:21 a.m., 9:00 a.m., 12:59 p.m., and 10:09 p.m., when the order was for Keflex 500 mg three times daily. Continued review of the MAR dated July 22, 2011, revealed documentation at 5:46 a.m., of 4 units of Humalog/Novalog Insulin administered in the left upper arm for a blood glucose of 159. Review of physician's orders revealed the resident was not to receive sliding scale insulin unless the blood glucose was 171. Continued review of the MAR revealed there was no entry for Coumadin 5 mg every evening for July 21, 22, or 23, 2011.</p> <p>Review of the facility policy entitled "Medication</p>	blood sugar 171 - 199	2 units	200 - 229	4 units	230 - 259	6 units	260 - 289	8 units	290 - 319	10 units	320 - 349	12 units	350 - 379	14 units	380 - 409	16 units	>410	18 units and call physician	F 281	<p>1b: By 8/29/11, CNO/DON re-educated Skilled Facility RN's, LPN's, Charge Nurses and CNAs that even though snacks such as cheese, crackers, soup, cereal, etc. are always available for residents on the unit, if residents request other food items staff may obtain "after-hours" meal trays through contacting the House Supervisor.</p> <p>4. Ongoing Monitoring</p> <p>Charge nurse or designee is responsible for checking resident records after admission to reconcile MARs and orders. Any discrepancies will be reported daily to the DON. Quality Assurance committee (Medical Director, Nursing Home Administrator, DON, Social Worker and Charge Nurse/designee) will review 24 hour chart audits and admission audits for any patterns or trends of deficient practices on a monthly basis for three months and for three quarters. QA committee will also review all resident concerns for three months to ensure no failure to provide for resident dietary needs occurs.</p>		
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F 281	Continued From page 5 Administration" revealed "...For patients admitted after the close of pharmacy, remote order entry (ROE) by pharmacy is available from 6:00 p.m. to 11:30 p.m. The ROE pharmacist will enter the medication orders into the MAR. From 11:30 p.m. until 6:00 a.m., a House Supervisor/designee with appropriate training will enter medications into the MAR". Medical record review revealed the resident arrived at the facility at 6:00 p.m. but there is no documentation of intake for the resident. Interview with the Chief Nursing Officer on October 4, 2011, at 10:30 a.m., in the MDS office, revealed "There was food available. All the nurse needed to do was call the supervisor and a meal would have been brought to the resident." Interview with the Chief Nursing Officer on October 4, 2011, at 2:30 p.m., in the conference room, confirmed the patient's medications were not administered on the evening of admission to the facility and the nurse failed to follow the facility protocol to notify pharmacy to obtain the needed medications.	F 281			
F 333 SS=D	C/O #28682 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy	F 333	1. Corrective actions accomplished for the resident found to have been affected by the deficient practice: Resident was discharged on 7/23/11.	9/24/11 10/5/11 per Carol Wilburn, Adm. 10/21/11 AKS	

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F 333	<p>Continued From page 6</p> <p>review, and interview, the facility failed to administer medications appropriately and failed to follow the policy for ordering medications for one (#5) of seven residents reviewed.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on July 21, 2011, with diagnoses to include Stent Insertion, Diabetes Mellitus, Osteoarthritis, Atherosclerotic Cardiovascular Disease, Hypothyroidism, Peripheral Vascular Disease, Deep Vein Thrombosis, and Cerebrovascular Accident.</p> <p>Review of physician's orders dated July 21, 2011, revealed the resident was ordered:</p> <ul style="list-style-type: none"> -Midodrine (antihypotensive) 10 mg (milligrams) twice daily -Aspirin 81 mg daily -Zoloft (antidepressant) 150 mg daily -Calcium Carbonate 500 mg twice daily -Torsemide (diuretic) 100 mg daily -Granulex spray every 8 hours -Levemir Insulin 30 units twice daily -Humalog/Novolog Insulin 1 unit per 3 grams carbohydrate intake three times daily -Neurontin (anticonvulsant) 200 mg every evening -Vitamin D 800 international units twice daily -Keflex (antibiotics) 500 mg three times daily -Pepcid (anti-reflux) 20 mg daily -Metoprolol (antihypertensive) 25 mg twice daily -Silvadene ointment 1 application twice daily -Calmoseptine ointment 1 application every 8 hours -Coumadin 5 mg daily -Check INR every 48 hours until stable. 	F 333	<p>2. Identification of other residents having the potential to be affected by the same deficient practice:</p> <p>1a: By 9/05/11, the Director of Pharmacy reviewed the medical records of all other residents in the facility to ensure medications were available as ordered.</p> <p>3. Systemic and Process Changes Implemented to Prevent Recurrence:</p> <p>1a: During inservices completed by 8/29/11, CNO/DON re-educated Skilled Facility RN's, LPN's and Charge Nurses on Medication Administration Policy 1-600-3.39 which includes step-by-step procedures for initiating medication orders, medication administration times as well as what to do/document if medication is administered late; Chain of Command policy 2-911-3.02 in regard to notification of DON, House Supervisor or Administration for assistance if nurse is unable to obtain medications timely; the Twenty-four Hour Chart Check process was also reviewed. RN's, LPN's and DON satisfactorily completed an exam to demonstrate understanding of these policies. All Remote Order Entry Pharmacists were educated by the CNO on the Anticoagulant Management Program policy 1-600-3.92 by 9/24/11.</p> <p>4. Ongoing Monitoring</p> <p>Charge nurse or designee is responsible</p>		

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F 333	<p>Continued From page 7</p> <p>Continued medical record review of physician's admission orders revealed the resident was ordered sliding scale insulin: blood sugar 171 - 199 2 units; 200 - 229 4 units; 230 - 259 6 units; 260 - 289 8 units; 290 - 319 10 units; 320 - 349 12 units; 350 - 379 14 units; 380 - 409 16 units; >410 18 units and call physician.</p> <p>Medical record review of Medication Administration Records (MAR) dated July 21, 2011, revealed an entry at 8:48 p.m., of Levemir 30 units administered in the left thigh. Continued medical record review of the MAR revealed no documentation of any other medications being administered on July 21, 2011. Further medical record review of the MAR dated July 22, 2011, revealed documentation of Keflex administered at 1:21 a.m., 9:00 a.m., 12:59 p.m., and 10:09 p.m., when the order was for Keflex 500 mg three times daily. Continued medical record review of the MAR dated July 22, 2011, revealed documentation at 5:46 a.m., of 4 units of Humalog/Novalog Insulin administered in the left upper arm for a blood glucose of 159. Medical record review of physician's orders revealed the resident was not to receive sliding scale insulin unless the blood glucose was 171. Continued medical record review of the MAR revealed there was no entry for Coumadin 5 mg every evening for July 21, 22, or 23, 2011.</p> <p>Review of facility policy, Medication Administration, revealed "...For patients admitted after the close of pharmacy, remote order entry (ROE) by pharmacy is available from 6:00 p.m. to 11:30 p.m. The ROE pharmacist will enter the medication orders into the MAR. From 11:30 p.m.</p>	F 333	<p>for checking resident records after admission to reconcile MARs and orders. Any discrepancies will be reported daily to the DON. Quality Assurance committee (Medical Director, Nursing Home Administrator, DON, Social Worker and Charge Nurse/designee) will review 24 hour chart audits and admission audits for any patterns or trends of deficient practices on a monthly basis for three months and for three quarters.</p> <p>This Plan of Correction (POC) constitutes my written allegation of compliance for the deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by state and federal law.</p>		

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NAME OF PROVIDER OR SUPPLIER

SOUTHERN TENN MEDICAL CENTER SNF

STREET ADDRESS, CITY, STATE, ZIP CODE
629 HOSPITAL ROAD
WINCHESTER, TN 37388

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F 333	Continued From page 8 until 6:00 a.m., a House Supervisor/designee with appropriate training will enter medications into the MAR." Interview with the Chief Nursing Officer on October 4, 2011, at 2:30 p.m., in the conference room, confirmed the patient's medications were not administered on the evening of admission to the facility and the nurse failed to follow the facility protocol to notify pharmacy to obtain the needed medications. C/O #28682	F 333		